

FEC FORM 2

STATEMENT OF CANDIDACY

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

2018 MAY 11 AM 10:49

PAGE 1 / 2

1. (a) Name of Candidate (in full) ROSENDALE, MATT, . .		
(b) Address (number and street) PO BOX 4907		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code HELENA MT 59604-4907		2. Candidate's FEC Identification Number S8MT00234
4. Party Affiliation REPUBLICAN PARTY		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
5. Office Sought Senate		6. State & District of Candidate MT

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) MATT ROSENDALE FOR MONTANA		
(b) Address (number and street) PO BOX 4907		
(c) City, State, and ZIP Code HELENA MT 59604-4907		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) 2018 REPUBLICAN CHALLENGERS FUND		
(b) Address (number and street) 901 N WASHINGTON ST STE 700		
(c) City, State, and ZIP Code ALEXANDRIA VA 22314		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Rosen, Matt, Mr.	Date 05/09/2018
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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20180511020036618

(c) City, State, and ZIP Code

[illegible]

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or
Hand Delivered

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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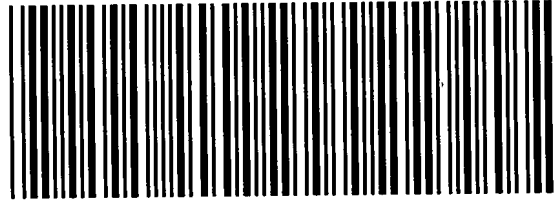
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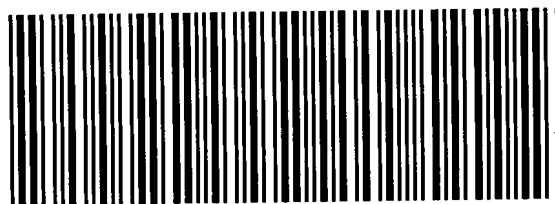
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